



Indication Form

This form is for indication purposes only.
Coverage cannot be bound by completion of this form.

1. Law Firm Name: _____ Desired Effective Date: _____
2. Telephone No.: _____ Fax No.: _____ Email Address: _____
Your email address will never be sold. It will be used to send you important notices.
3. Practice Address: _____
4. Provide the percentage of income derived from the law firm's areas of practice. **Round to the nearest whole percent.**

Admiralty/Marine		Immigration	%
- Plaintiff	%	Intellectual Property*	
- Defense	%	- Trademark	%
Anti-Trust/Trade Regulation	%	- Copyright	%
Arbitration/Mediation	%	- Patent	%
Aviation	%	International/Foreign Law	%
Banking/Financial Institution*	%	Invest. Counseling/Money Mgmt.	%
Bankruptcy	%	Labor/Employment	
Civil Rights/Discrimination	%	- Employee	%
Collections/Repossession (no foreclosures)	%	- Management	%
Construction/Building Contracts	%	- Union	%
Communications/FCC	%	Municipal/Government:	%
Corporate		- General (no bonds)	%
- Mergers/Acquisitions	%	- Finance or Bonds	%
- General	%	- Zoning and Planning	%
Consumer Claims (no class action)	%	Oil/Gas/Mineral Rights	%
Criminal Defense	%	Plaintiff*	
Defense		- Bodily/Personal Injury	%
- Bodily/Personal Injury	%	- Class Action*	%
- Class Action*	%	- Medical Malpractice	%
- Insurance Company Defense*	%	- Workers' Compensation	%
- Insurance Defense*	%	- General/Civil Litigation Plaintiff	%
- General/Civil Litigation	%	Public Utilities	%
- Medical Malpractice Defense	%	Real Estate*	
- Workers' Compensation	%	- Abstract/Title	%
Divorce	%	- Commercial	%
Elder Law	%	- Escrow Agent	%
Employee Benefits/ERISA	%	- Foreclosures	%
Entertainment/Sports*	%	- Residential	%
Environmental		- Syndication/Development	%
- Non Regulatory	%	Securities*	%
- Regulatory	%	Social Security	%
Estate/Wills/Trust*		Tax	
- Less than \$1M	%	- Individual	%
- \$1M to \$5M	%	- Business	%
- Over \$5M	%	- Opinions*	%
Family/Juvenile – no divorce	%	Other:	%
Healthcare	%		
		Total (must equal 100%)	%

* Please contact AHERN regarding Areas of Practice that are bolded and marked with an asterisk.*

Current number of lawyers in the law firm: _____
 Average Lawyer tenure with the law firm: _____
 Number of docket control systems: _____
 Are docket controls computerized? Yes No
 Conflict of interest system? Yes No
 Is it computerized? Yes No
 Has any lawyer in the law firm ever been disciplined or denied the right to practice; or is there any such proceeding pending? Yes No
 Total incidents/claims in the past 5 years: _____
 Total amount paid/reserved: \$ _____

Are you currently insured? Yes No
If yes, please complete the following:
 Insurer: _____
 Coverage Dates: _____
 Retroactive Date: Same as Effective Date Full
 Other Date _____
 Limits of Liability: _____
 Limit Type: CEIL CEOL
 Deductible: _____
 Deductible Type: Per Claim Aggregate Loss Only
 Expiring Premium: _____

Authorized Agent

Date

Professional liability insurance offered through Attorney Shield is underwritten by Professional Solutions Insurance Company (doing business in California as PSIC Insurance Company)